NH MEDICAL CONTROL BOARD

Monadnock Community Hospital
Peterborough, NH

MINUTES OF MEETING

September 21, 2006

Members Present:	Donavon Albertson, Chris Fore, MD; MD; Tom D'Aprix, MD Jim Martin, MD; Douglas McVicar, MD; Norman Yanofsky, MD; Sue Prentiss, Bureau Chief
Members Absent:	Frank Hubbell, DO; Jeff Johnson, MD; Patrick Lanzetta, MD; Joseph Mastromarino, MD; William Siegart, DO; John Sutton, MD;
Guests:	Sharon Breidt, Fran Dupuis, David Hogan, Janet Houston, Craig Lauer, Michael Pepin, Gary Zirpolo
Bureau Staff:	Vicki Blanchard, ALS Coordinator, Kathy Doolan, Field Services Coordinator; Fred von Recklinghausen, Research Coordinator

I. CALL TO ORDER

Item 1. Albertson called the meeting of the NH Medical Control Board (MCB) to order by on July 20, 2006 at the Monadnock Community Hospital, Peterborough, NH. 09:10 AM.

Introductions were conducted.

II. ACCEPTANCE OF MINUTES

Item 1. July 20 Minutes were previously approved via the email/electronic procedure established in March 2005.

At this time Prentiss announced to the Board that David Dow, Field Services Representative for Region II, is home resting from recent surgery of a brain aneurysm, conducted at U-Mass Worchester. David is due to retire on December 1, 2006. All wished to extend their regards to David. McVicar has a card for all to sign.

Additionally at this time Prentiss announced that Peter Hayes, long time EMS educator of thirty plus years, had lost his fight with cancer early in September.

Finally, Prentiss reported that Joseph Sabato has accepted a job in Florida and has officially departed from New Hampshire, literally as we speak he is en route to Florida. Joe has been a great asset to the New Hampshire's EMS

Community, most notably his contributions to Injury Prevention, Seatbelt Safety and the Immunization Project. McVicar moved that the MCB send a Resolution to Joe with a thank you and best wishes. Albertson 2nd. All voted unanimously. Prentiss will work with McVicar to draft.

III. DISCUSSION AND ACTION PROJECTS

Item 1. Neonatal Resuscitation Protocol: Sharon Breidt, RN, EMT-B and NRP Instructor presented to the MCB suggestions for the Newborn Resuscitation Protocol. Breidt comes before the board with many years experience in neonatal resuscitation and education. Breidt made the following suggestions:

- ✓ Remove the APGAR reference as a decision making tool, emphasizing that resuscitation decisions should be based on respiratory efforts and rate and heart rate.
- ✓ Change the ETT administration of epinephrine to language with emphasis that IV medication administration is preferred to ETT, however should medication be administered via the endotracheal route the dose should be 0.3 – 1.0 ml/kg of 1:10,000. She suggested that we leave out the mg/kg dose to avoid confusion.
- ✓ The consideration of Naloxone should be removed due to the high risk of seizures to those infants born to narcotic addicted mothers.
- ✓ Dextrose administration be changed to read "If hypoglycemia suspected" consider Dextrose…. She explained that glucometers for neonates are calibrated differently than those of adults or those found on ambulances, so an adult glucometer may give a false reading on a neonate. Since hypoglycemia is common, and time is short, a suspicion of hypoglycemia should be enough to trigger administration of glucose.
- ✓ Finally, in the ALS protocols change the IV medication flushes from 5 ml to 0.5 to 1 ml. Also ETT meds should be followed with positive pressure ventilations and not a saline flush.

D'Aprix moved to accept all of the suggested changes with the exception of the epinephrine mg/kg reference. D'Aprix stated the mg/kg dose should be kept as it would keep the document consistent. Albertson 2nd. Approved unanimously.

Item 2. Medication Assisted Intubation:. Fore stated that he had been bombarded with MAI questions and he promised the EMS providers he would bring this before the MCB.

Fore explained that while in Pennsylvania he participated in a study that looked at MIA and RSI. This study showed that despite training those performing MIA had lower success rates than those performing RSI. Additionally, Fore expressed that in his opinion there were many reasonable alternatives and suggested not supporting MAI.

Martin agreed with Fore, commenting that MIA was like asking someone to RSI a patient without all the tools.

Albertson also agreed with the consensus. He pointed out that sedating an "awake" patient to make them more "sleepy" would suggest they are probably awake enough to not need to be intubated.

D'Aprix stated he was in agreement with Albertson and moved "that we make the vote to not change our protocols to include Medicated Assisted Intubation and to conclude it is not a prehospital option at this time." Fore 2nd. Motion approved unanimously.

At this time McVicar introduced Craig Lauer, MD, EMS Medical Director for Monadnock Community Hospital. Craig welcomed all to Peterborough and the hospital and expressed his appreciation for those who made the extra effort for the distant travel. He stated he found it very useful for the board to travel and meet at the various hospitals. It encouraged him to pull out the protocols again and review them. He enjoyed sitting in on the meeting and learning how protocols were written and discussed. Dr. Lauer also mentioned that he had developed a unique "Voluntary Patient Departure Prior to Screening" report for use in the Monadnock Community Hospital ED. Several members expressed interest in this document, and Dr. Lauer agreed to furnish samples.

Item 3. DNR Protocol – HB656: Blanchard reported Governor Lynch recently signed into order HB656, which pertains to advanced directives and Do Not Resuscitate (DNR) orders, going into effect January 1, 2007. The purpose of the new legislation is to revise the prior law so that honoring patient wishes is as straightforward as possible. Amongst other changes and additions that have been made, the terminology relating to living wills and durable powers of attorney for health care has been clarified, and a section on DNR orders has been added (which previously did not exist).

These changes have been reflected in our Do Not Resuscitate Protocol 6.4. Most notably changing the title of a DRN order to a "Portable – Do Not Resuscitate" order, as this will become the statewide recognized pink document and/or wallet card written by a physician or Advanced Registered Nurse Practitioner. Additionally the protocol was updated to reflect the changes regarding bracelets. With the new House Bill, DNR bracelets or necklaces inscribed with the patient's name, date of birth in numerical form, and "NH DNR" or "NH Do Not Resuscitate" will be recognized forms of DNR directives, however the EMS provider will be required to verify the order through a written document.

Item 4. Protocols formatting: McVicar reported for Hubbell. Three proposed formatting options were presented. (see attached) The board was in unanimous in preferring "Option 3" (white boxes with a colored bar down the left side). There was much interest in issues of formatting, visual clarity and design. The following suggestions were made, and will be forwarded to Dr. Hubbell:

- ✓ Adult and Pediatric Icons need to be more distinguishable at a glance.
- ✓ Some discussants like bullets – or additional space between items
- ✓ Needs to remain legible after several generations of photocopying
- ✓ Try moving "B", "I" & "P" out of color block (perhaps to run parallel to it).
- ✓ Add the Titles and Numbering system from the protocols

- ✓ At some point the formatted draft needs to be checked for consistency in capitalization, spacing, indenting, and other formatting elements.
- ✓ Size of the file could be an issue, especially if we want to have the ability to migrate to PDA formats. Is there any way to vectorize the graphics?
- ✓ Consider a Flip version similar to the American Heart Association's.

There is some concern about the proposed timetable for this work. How long will the formatting take? The group decided that the protocols should be proofread by 23 Oct. And approved by email, on about 01 Nov., this would allow a safer margin than waiting for the November MCB meeting.

Item 5: 2007 Protocols New items: D'Aprix reported that the following actions were taken regarding the 2007 Protocols:

- ✓ Airway Management Section. In the section numbered 5.x, D'Aprix created an airway management section. This included a general approach to all airway management, it then further breaks down each skill into separate protocols with indication, contraindications and the actual procedure.
- ✓ Umbilical Vein Cannulation (UVC). A UVC procedures protocol was introduced.
- ✓ Newborn Resuscitation. The name was changed from Neonatal Resuscitation to Newborn Resuscitation and was updated to reflect the 2005 AHA Guidelines.

All items were approved as presented.

The question was asked if we wanted to add an Appendix containing a description of each Medication approved for EMS use. After discussion, the MCB decided not to add such an appendix, due to factors such as the labor and liability of keeping it current, and the large number of readily-available sources of such information that already exist.

Item 6: Protocol Deadline and Vetting: Blanchard stated that printed draft copies of the 2007 Protocols would be given to members of the protocol subcommittee. Each member would then be asked to forward copies to two or three individuals they felt would take the time to read through the document and make comments. At this time we are looking for medical and/or typographical errors, not changes in emphasis, policy or other major issues. In addition Blanchard will separate the document out into equal portions of pages and assign a share of the Draft to each of the Medical Control Board members for meticulous, focused review.

The practical deadline date for completion of this work was discussed, and the group agreed that all comments and/or correction needed to be returned to Blanchard by October 23, 2006. Any corrections would be made for a final edit by November 1, 2006.

This procedure was approved unanimously.

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

ACEP: With the departure of Joseph Sabato, Chris Fore has agreed to represent ACEP for the Medical Control Board. Fore reported that on November 9th ACEP will be hosting the Managing Medical Emergencies Conference and then meeting after the conference.

Bureau and Division Update: See attached.

Intersections Project: : No report.

NH Trauma System: We are in receipt of a Laerdal Sim-Man®, a simulations manikin. Clay Odell is currently at a class learning how to operate the manikin.

The Trauma Conference is November 29, 2006 in Meredith, NH. This year's theme is "Ready, Set, Go." with a focus on trauma transfers. David Mooney, MD from Boston Children's, Peter Jacoby, MD Saint Mary's in Connecticut, Ann Lyustrup, RN AirMed University of Utah and Fred Rogers from University of Vermont will be among the speakers.

Androscoggin Valley Hospital in Berlin is currently progressing through the "Renewal of Assignment Process."

TEMSIS: Von Recklinghausen reported to date there were 87,000 calls in the system – with 79.9% reporting. Rockingham Ambulance, serving our two largest cities will soon be on line. This will bring our numbers up nicely. At this time we are emphasizing quantity, and once we have nearly complete participation, we can begin to focus more on quality.

As part of our strategic planning, goal number 6, on October 10th and 11th a Quality Management Consensus Group will meet and work with NEDARC to develop tools for NH EMS for quality management. QM is now protected under RSA's and we want to encourage QM in EMS. Von Recklinghausen asked for a representative from the MCB for this consensus group; Chris Fore volunteered. As this consensus group progresses reports will be brought forth to the MCB.

The top seven calls in the system are: Trauma followed by pain, not-applicable, chest pain, weakness, respiratory and other. The top medication administrations are: oxygen, NaCl, nitroglycerin, aspirin and $MS0_4$.

Other Business: Prentiss advised the board that the RSI waivers would be expiring on December 31, 2006 and it was time to reconvene the RSI Prerequisite process. Prentiss, Blanchard and D'Aprix will meet and discuss steps to bring the topic back to the table.

The Board asked that Clay Odell bring Sim-Man to the next MCB meeting for a demonstration.

V. ADJOURNMENT

Motion by D'Aprix, seconded by Fore to adjourn. Approved. Meeting adjourned at 12:15.

VI. NEXT MEETING

November 16, 2006 at the NH Fire Academy, Concord, NH.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Vicki Blanchard, ALS Coordinator)